

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101558844

FILING DATE

11-29-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1	20		
2						
3						
4						
5						
6						
7		1				
8			1			
9						
10			1			
11			1			
12						
13			1			
14						
15			1			
16						
17		1				
18			1			
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48						
49						
50						
TOTAL IND.		2				
TOTAL DEP.		17				
TOTAL CLAIMS		19				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		2				
TOTAL DEP.		17				
TOTAL CLAIMS		19				